

## TEMPORARY ASSISTANCE

If you are temporarily unable to pay your OMSIP premium because of lack of income due to unemployment, illness or disability, you may apply for temporary premium assistance. Temporary Assistance application forms are available from OMSIP and must be completed within 30 days of the due date of your premium payment. IF YOU NEED THIS ASSISTANCE, complete an application form and send it together with your premium notice directly to the Ontario Medical Services Insurance Council at OMSIP. (See address below.)

Temporary Assistance Application Forms are available at OMSIP, 135 St. Clair Avenue West, Toronto 7.

## METHOD OF PAYMENT

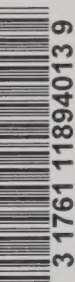
OMSIP premiums should be paid by cheque or money order, made payable to the TREASURER of Ontario. Bank exchange is not required. Your payment should be forwarded, along with the premium notice, in the envelope provided. Do not send cash in the mail. Your cancelled cheque or money order stub serves as your receipt.

Remember—for your own protection, do not send cash through the mail.

Please quote your contract number on all OMSIP correspondence. OMSIP pays 90% of the Ontario Medical Association Fee Schedule, 1967.

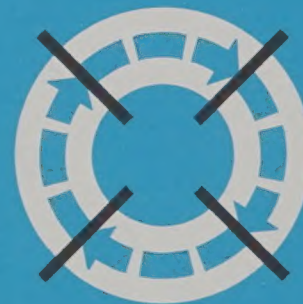


ONTARIO MEDICAL SERVICES INSURANCE PLAN  
135 St. Clair Avenue, West, Toronto  
Phone: 365-5911 • 365-5951



## YOUR OMSIP BILLING

How and when you pay



ONTARIO MEDICAL SERVICES INSURANCE PLAN

## THE AMOUNT OF YOUR BILLING

The amount you are billed for OMSIP medical services insurance coverage depends on your contract, which may be any one of the following:

CATEGORY	FULL PREMIUM	ASSISTED PREMIUM*	
	YOU PAY	YOU PAY	ONTARIO GOV- ERNMENT PAYS
<b>(1) SINGLE</b> Covers one individual only	\$60.00 a year (\$15.00 every 3 months)	\$30.00 a year (\$7.50 every 3 months)	\$30.00 a year
<b>(2) COUPLE</b> Covers the contract holder and one dependant	\$120.00 a year (\$30.00 every 3 months)	\$60.00 a year (\$15.00 every 3 months)	\$60.00 a year
<b>(3) FAMILY</b> Covers a family of three or more	\$150.00 a year (\$37.50 every 3 months)	\$60.00 a year (\$15.00 every 3 months)	\$90.00 a year

\*For Premium Assistance details, ask for Premium Assistance Brochure No. A 225

## BILLING AND REMINDER NOTICES

After your first billing and payment, OMSIP will in future send you a premium notice about 2 weeks before each premium is due. This premium notice will show the *amount* due, the *date* due and the *length of time* covered. A reminder notice is issued if payment is not processed by the due date. If by any chance you have paid your premium and then receive a reminder notice, kindly disregard the reminder.

## CHANGE OF ADDRESS

If you change your address, advise OMSIP immediately. Fill out the space provided on your premium notice, or send your address change to P.O. Box 1700, Terminal "A", Toronto and show your contract number and full name.

## CHANGE OF CATEGORY

If you notify OMSIP of a change affecting your contract which could change your premium rate, any rate change may not be shown on your next billing. If this happens, please pay the amount shown on the bill as future billings will be adjusted accordingly.

## ANNUAL OR SEMI-ANNUAL BILLING

If you wish to be billed annually, or semi-annually instead of quarterly, you may (1) pay the full annual or semi-annual amount at the time of your quarterly billing, or (2) pay the premium shown and ask for a change in future billing. In either case you must enclose a *written request* for future annual or semi-annual billing arrangements. Requests for change in billing go to:

### OMSIP

Box 1777 Terminal A,  
Toronto 7, Ontario

## PREMIUM PAYMENT WHILE TEMPORARILY ABSENT—HOLIDAY, ETC.

If your premium notice will fall due while you are temporarily absent from your home, an advance payment to cover temporary absence may be included with your current billing. Such advance payments may be for any number of months you wish.

**IMPORTANT**—where advance payments to the above address are NOT accompanied by a premium notice, you must supply the following information:

1. Contract Number
2. Full name of Contract Holder
3. Complete address of Contract Holder

## IMPORTANT—YOUR FIRST BILLING

The amount shown on your first premium notice could be for more or less than the normal quarterly amount. This sets your personal, regular billing date for the future. After your first payment, quarterly billings will be for regular amounts. The odd amount of your **FIRST** billing will not change the total annual amount of premium you pay.

YOUR FIRST BILLING ONLY may be for *more* or *less* than the normal quarterly billing.

